

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF \_\_\_\_\_  
DIVISION \_\_\_\_\_

IN RE:

*Rita Ann Rose*

DEBTOR.

CASE NUMBER:

*15-71563 M/D*

JUDGE

CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FROM

FOR THE PERIOD

TO

*Nov 1* *Nov 30, 2017*

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated:

*12/15/17*

*Slomka*  
Attorney for Debtor

Debtor's Address  
and Phone Number:

*1217 Village Ferry Ct  
Dunwoody, GA 30338*

Tel. \_\_\_\_\_

Attorney's Address  
and Phone Number:

*Slipakoff + Slomka, PC  
2859 Paces Ferry Rd, SE, Ste 1700  
Atlanta, GA 30339  
Bar No. *652875*  
Tel. *(404) 800-4017**

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website, [http://www.usdoj.gov/ust/r21/reg\\_info.htm](http://www.usdoj.gov/ust/r21/reg_info.htm).

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183



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63/E00/0175/0/11  
[REDACTED] 4828  
11/30/2017  
0000

## Account Statement

RITA ROSE DIP  
CASE #1571563  
1217 VILLAGE TERRACE CT  
DUNWOODY GA 30338-2318

Questions? Please call  
1-800-786-8787

Financial confidence gives you all kinds of confidence.  
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Account Summary	Account Type	Account Number	Statement Period
	ESSENTIAL CHECKING	[REDACTED] 4828	11/01/2017 - 11/30/2017
	<b>Description</b>	<b>Amount</b>	<b>Description</b>
	Beginning Balance	\$1,396.30	Average Balance
	Deposits/Credits	\$3,200.00	Average Collected Balance
	Checks	\$3,814.43	Number of Days in Statement Period
	Withdrawals/Debits	\$15.00	
	Ending Balance	\$766.87	

<b>Overdraft Protection</b>	<b>Account Number</b>	<b>Protected By</b>
	1000191004828	*****4844
For more information about SunTrust's Overdraft Services, visit <a href="http://www.suntrust.com/overdraft">www.suntrust.com/overdraft</a> .		

### Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
11/01		Beginning Balance			1,396.30
11/01	1339	Check		159.95	1,236.35
11/02	1340	Check		58.50	1,177.85
11/03		Check Card Purchase TR DATE 11/01 The Hub Wash Atlanta Ga		12.00	1,165.85
11/06		Deposit	700.00		
11/06		Deposit	850.00		2,715.85
11/08	1345	Check		21.01	2,694.84
11/09	1350	Check		753.31	
11/09	1348	Check		33.87	
11/09	1347	Check		39.82	1,867.84
11/10	1346	Check		107.31	1,760.53
11/13	1349	Check		490.16	
11/13	1343	Check		34.85	
11/13	*1342	Check		42.53	1,192.99
11/15		Electronic/ACH Credit SSA Treas 310 Xxsoc Sec *****7891A SSA	1,650.00		2,842.99
11/20	1351	Check		170.54	2,672.45
11/21	1352	Check		1,458.00	1,214.45
11/29	1344	Check		444.58	769.87
11/30		Paper Statement Fee		3.00	766.87
11/30		Ending Balance			766.87

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PO BOX 305183  
NASHVILLE TN 37230-5183

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63/E00/0175/0/11  
4828  
11/30/2017



## Account Statement

### Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
Credit and Debit Totals			\$3,200.00	\$3,829.43	

\* Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.  
The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.  
For more information, including details related to fees and balances, please sign on to Online Banking.

### Overdraft & Returned Item Fees Summary

	Total for this period	Total for year-to-date
Total Overdraft Fees	\$0.00	\$108.00
Total Returned Item Fees	\$0.00	\$0.00
Total Overdraft Fee Refunds	\$0.00	\$36.00
Refund amounts may include refunds for fees incurred during a previous statement period.		

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	11/01	1,236.35	1,236.35	11/13	1,192.99	1,192.99
	11/02	1,177.85	1,177.85	11/15	2,842.99	2,842.99
	11/03	1,165.85	1,165.85	11/20	2,672.45	2,672.45
	11/06	2,715.85	2,715.85	11/21	1,214.45	1,214.45
	11/08	2,694.84	2,694.84	11/29	769.87	769.87
	11/09	1,867.84	1,867.84	11/30	766.87	766.87
	11/10	1,760.53	1,760.53			



# Account Statement

Complete this section to balance this statement to your transaction register.

Month \_\_\_\_\_ Year \_\_\_\_\_

Bank Balance Shown on statement \$ \_\_\_\_\_

Add (+) \_\_\_\_\_ \$ \_\_\_\_\_  
Deposits not shown on this statement (if any). \_\_\_\_\_

Subtract (-) Total (+) \$ \_\_\_\_\_  
Checks and other items outstanding but not paid on this statement (if any).

[illegible]

Total (-)	\$
-----------	----

Balance	\$	
---------	----	--

These balances should agree

Your Transaction	
Register Balance	\$

Add (+) \_\_\_\_\_ \$ \_\_\_\_\_  
Other credits shown on  
this statement but not  
in transaction register. \_\_\_\_\_

Add (+)	\$ _____
Interest paid (for use in balancing interest-bearing accounts only).	
Total (+)	\$ _____

Subtract (-) Other debits shown on this statement  
but not in transaction register. 1

Service Fees (if any)	\$

Total (-) \$ \_\_\_\_\_

Balance	\$
---------	----

**In Case Of Errors Or Questions About Your Electronic Transfers (ETF)**

**In Case Of Errors Or Questions About Your Electronic Transfers (ETF)**  
Telephone us at 800.447.8994, Option 1 or write us at SunTrust Bank, Attention: Fraud Assistance Center, P.O. Box 4418, Mail Code GA-MT-0413, Atlanta, GA 30302 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number (if any). (2) Describe the error or the problem. (3) Tell us how you found the error or problem. (4) Tell us how much money was involved. (5) Tell us how you want us to correct the error or problem. (6) Tell us if you want us to investigate the error or problem. (7) Tell us if you want us to credit your account for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation.

### SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Case Name:
Case Number:

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month	Cumulative
	Nov	Total
CASH- Beginning of Month (Household)	1396 <sup>30</sup>	
CASH- Beginning of Month (Business)	—	
Total Household Receipts	3200 <sup>00</sup>	
Total Business Receipts	—	
Total Receipts		
Total Household Disbursements	3829 <sup>45</sup>	
Total Business Disbursements	—	
Total Disbursements		
NET CASH FLOW (Total Receipts minus Total Disbursements)		
CASH- End of Month (Individual)	174 <sup>81</sup>	
CASH- End of Month (Business)		

### CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 17 day of Dec 20 17

Debtor's Signature

9:59 AM

12/10/17

**Rita Rose**  
**Reconciliation Summary**  
Rita Rose, Period Ending 11/30/2017

	Nov 30, 17
Beginning Balance	1,396.30
Cleared Transactions	
Checks and Payments - 15 items	-3,829.43
Deposits and Credits - 3 items	3,200.00
Total Cleared Transactions	-629.43
Cleared Balance	766.87
Uncleared Transactions	
Checks and Payments - 12 items	-2,434.01
Deposits and Credits - 6 items	1,944.58
Total Uncleared Transactions	-489.43
Register Balance as of 11/30/2017	277.44
New Transactions	
Checks and Payments - 3 items	-102.63
Total New Transactions	-102.63
Ending Balance	174.81

10:11 AM

12/14/17

Accrual Basis

**Rita Rose**  
**Balance Sheet**  
As of November 30, 2017

	<u>Nov 30, 17</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Rita Rose	-444.62
Total Checking/Savings	<u>-444.62</u>
Total Current Assets	<u>-444.62</u>
<b>TOTAL ASSETS</b>	<u><u>-444.62</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	1,614.08
Total Accounts Payable	<u>1,614.08</u>
Other Current Liabilities	
Mortgage	<u>-26,553.50</u>
Total Other Current Liabilities	<u>-26,553.50</u>
Total Current Liabilities	<u>-24,939.42</u>
Total Liabilities	-24,939.42
Equity	
Opening Balance Equity	100.00
Retained Earnings	12,655.32
Net Income	<u>11,739.48</u>
Total Equity	<u>24,494.80</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>-444.62</u></u>

10:09 AM  
12/14/17  
Accrual Basis

**Rita Rose**  
**Profit & Loss**  
**November 2017**

	<u>Nov 17</u>
Ordinary Income/Expense	
Income	
Rental Income	<u>1,550.00</u>
Total Income	<u>1,550.00</u>
Gross Profit	1,550.00
Expense	
Automobile Expense	24.00
Bank Service Charges	3.00
Computer and Internet Expenses	351.64
Insurance Expense	444.58
Medical Expense	87.95
miscellaneous exp	195.00
Utilities	<u>562.72</u>
Total Expense	<u>1,668.89</u>
Net Ordinary Income	-118.89
Other Income/Expense	
Other Income	
Social Security	<u>1,650.00</u>
Total Other Income	<u>1,650.00</u>
Net Other Income	<u>1,650.00</u>
Net Income	<u><u>1,531.11</u></u>



**SCHEDULE OF HOUSEHOLD  
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
<b>CASH - Beginning of Month</b>		
<b>CASH RECEIPTS</b>		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1650.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report) <i>Rent</i>	1530.00	
<b>TOTAL RECEIPTS</b>	3200.00	
<b>CASH DISBURSEMENTS</b>		
Alimony or Child Support Payments	-	
Charitable Contributions	-	
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance	444.58	
IRA Contribution		
Lease/Rent Payments	877.95	
Medical/Dental Payments		
Mortgage Payment(s)		
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)	562.00	
Vehicle Expenses	24	
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule) <i>S/C Campus Misc</i>	3.00 351.64 195.00	
<b>Total Household Disbursements</b>		
<b>CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)</b>		

10:08 AM  
12/14/17  
Accrual Basis

**Rita Rose**  
**Profit & Loss Detail**  
November 2017

Type	Date	Num	Name	Memo	Cir	Split	Amount	Balance
<b>Ordinary Income/Expense</b>								
<b>Income</b>								
<b>Rental Income</b>								
Deposit	11/02/2017	dep	Rita Rose	winters chap...		Rita Rose	700.00	700.00
Deposit	11/02/2017	dep	Rita Rose	norton nov 2...		Rita Rose	850.00	1,550.00
Total Rental Income							1,550.00	1,550.00
Total Income							1,550.00	1,550.00
Gross Profit							1,550.00	1,550.00
<b>Expense</b>								
<b>Automobile Expense</b>								
Check	11/03/2017	Debit	Hub Carwash			Rita Rose	12.00	12.00
Check	11/10/2017	debit	Hub Carwash			Rita Rose	12.00	24.00
Total Automobile Expense							24.00	24.00
<b>Bank Service Charges</b>								
Check	11/30/2017			Service Charge		Rita Rose	3.00	3.00
Total Bank Service Charges							3.00	3.00
<b>Computer and Internet Expenses</b>								
Bill	11/03/2017	0274...	Comcast			Accounts Pay...	170.54	170.54
Bill	11/21/2017	0274...	Comcast			Accounts Pay...	181.10	351.64
Total Computer and Internet Expenses							351.64	351.64
<b>Insurance Expense</b>								
Bill	11/21/2017	2816...	Emcompass Home ...			Accounts Pay...	444.58	444.58
Total Insurance Expense							444.58	444.58
<b>Medical Expense</b>								
Bill	11/10/2017	1553...	Georgia Surgical Pr...			Accounts Pay...	32.56	32.56
Bill	11/21/2017	524751	Thomas Eye Group			Accounts Pay...	55.39	87.95
Total Medical Expense							87.95	87.95
<b>Miscellaneous exp</b>								
Bill	11/21/2017	4072...	Wells Fargo Card S...			Accounts Pay...	195.00	195.00
Total miscellaneous exp							195.00	195.00

10:08 AM  
12/14/17  
Accrual Basis

**Rita Rose**  
**Profit & Loss Detail**  
November 2017

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
<b>Utilities</b>								
Bill	11/02/2017	6001...	True Natural Gas			Accounts Pay...	39.82	39.82
Bill	11/02/2017	6001...	True Natural Gas 4...			Accounts Pay...	33.87	73.69
Bill	11/21/2017	2308...	Georgia Power			Accounts Pay...	79.68	153.37
Bill	11/21/2017	6841...	Florida Power			Accounts Pay...	72.47	225.84
Bill	11/21/2017	0027...	Comcast 1111			Accounts Pay...	164.61	390.45
Bill	11/21/2017	7685...	True Natural Gas 4...			Accounts Pay...	49.53	439.98
Bill	11/21/2017	6860...	True Natural Gas			Accounts Pay...	72.89	512.87
Bill	11/21/2017	4028...	DeKalb County Rem...			Accounts Pay...	49.85	562.72
Total Utilities							562.72	562.72
<b>Total Expense</b>								
Net Ordinary Income							1,668.89	1,668.89
Other Income/Expense							-118.89	-118.89
Other Income								
Social Security	11/15/2017	dep	Rita Rose	Deposit		Rita Rose	1,650.00	1,650.00
Deposit							1,650.00	1,650.00
Total Social Security							1,650.00	1,650.00
Total Other Income							1,650.00	1,650.00
Net Other Income								
Net income							1,531.11	1,531.11

**SCHEDULE OF BUSINESS  
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
<b>CASH - Beginning of Month</b>		
<b>BUSINESS CASH RECEIPTS</b>		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income		
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
<b>Total Business Receipts</b>		
<b>BUSINESS CASH DISBURSEMENTS</b>		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)		
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance		
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
<b>Total Business Disbursements</b>		
<b>CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)</b>		

**MONTHLY OPERATING REPORT -  
INDIVIDUAL**

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business during this reporting period?		
2. Have any funds been disbursed from any account other than a debtor in possession account?		
3. Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?		
4. Have any payments been made on pre-petition liabilities this reporting period?		
5. Have any post-petition loans been received by the debtor from any party?		
6. Are any post-petition payroll taxes past due?		
7. Are any post-petition state or federal income taxes past due?		
8. Are any post-petition state or local sales taxes past due?		
9. Are any post-petition real estate taxes past due?		
10. Are any amounts owed to post-petition creditors/vendors delinquent?		
11. Are any wage payments past due?		

INSURANCE INFORMATION			YES	NO*
1.	Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?		X	
2.	Are all premium payments current?		X	

[illegible]

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: \_\_\_\_\_

MONTHLY OPERATING REPORT -  
INDIVIDUAL

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank: <i>Santitas</i>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<i>48X</i>	
Account Number:				
Purpose of Account (Business/Personal)				
Type of Account (e.g. checking)		<i>ATM</i>		
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)				
TOTAL OF ALL ACCOUNTS				\$

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach a copy of each investment account statement.




[illegible]



[illegible]